

# ● PRINTER RUSH ●

## (PTO ASSISTANCE)

(1)

Application : <u>10/034,546</u>	Examiner : <u>M. BANANKHAN</u>	GAU : <u>2127</u>
From: <u>R. MITCHELL</u>	Location: <u>(IDC) FMF FDC</u>	Date: <u>7/22/05</u>
Tracking #: <u>6106903</u>		Week Date: <u>5/16/05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input checked="" type="checkbox"/> OATH	<u>6/11/2002</u>	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: THE DECLARATION IDENTIFIES THE THIRD  
INVENTOR M. FALCUCI BY FAMILY NAME ONLY. AT LEAST  
ONE FULL GIVEN NAME WITHOUT ABBREVIATION (I.E. INITIALS)  
MUST BE PROVIDED PER 37 C.F.R. 1.63 (9)(2).

THANK You  
Rem

[XRUSH] RESPONSE:

Done

INITIALS: [Signature]

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
 REV 10/04

3/2  
11/19/2123  
7/27  
EMC/1

**Fax Transmission**From: **Connie Siler**

Date: August 4, 2005

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Client/Matter: 10191/2173

Number of pages: 1  
(including cover)*Please deliver to:*

Name	Company	Fax	Phone
Ms. K. Pinkney	USPTO	703 307 6642	

U. S. Serial No. 10/034,546  
Our Ref. 10191/2173

Pursuant to your request, the complete name of the inventor is Matthieu Falcucci.

Connie Siler  
Legal Assistant to  
Richard L. Mayer



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 1412

<b>SERIAL NUMBER</b> 10/034,546	<b>FILING OR 371(c) DATE</b> 12/28/2001 <b>RULE</b>	<b>CLASS</b> 718	<b>GROUP ART UNIT</b> 2195	<b>ATTORNEY DOCKET NO.</b> 10191/2173
<b>APPLICANTS</b> Gabriel Wetzel, Stuttgart, GERMANY; Jens Fiedler, Thalmassing, GERMANY; Matthieu Falcucci, Oloron, GERMANY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 1 00 65 498.3 12/28/2000				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/06/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 17
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 26646				
<b>TITLE</b> METHOD AND DEVICE FOR RECONSTRUCTING THE PROCESS SEQUENCE OF A CONTROL PROGRAM				
<b>FILING FEE RECEIVED</b> 1254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	